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	Page		Page		Page
ORIGINAL LECTURE.		ment of Hospital Gangrene, with Cases. By F. Hinkle, Act. Asst.-Surgeon, U.S.A.	265	THE WEEK :	
Lectures on the Morbid Conditions of the Blood. By Austin Flint, M.D. Lecture VI.	261	REPORTS OF HOSPITALS.		Revised List of Diseases and Infirmities which Disqualify for Military service.	269
ORIGINAL COMMUNICATIONS.		CHURCH U.S.A. GENERAL HOSPITAL, MEMPHIS, TENN. C. H. Cleveland, Act. Asst.-Surgeon, U.S.A., in charge.	266	Women Nurses in U.S. General Hospitals.	269
Bronchotomy, with a Statement of Forty-three Cases. By Alfred North, M.D.	262	EDITORIAL ARTICLES.		CORRESPONDENCE.	
Remarks on the Use of Potassate of Potassa in the Treat-		Federal Prisoners in Richmond.	268	International Sanitary Commission.	269
				Gymnastic Training for the Soldiers.	270
				OBITUARY.	
				Mortimer G. Porter, M.D.	272
				ARMY MEDICAL INTELLIGENCE.	
				Circular No. 25.	273
				Orders, Changes, etc.	273
				MEDICAL NEWS.	
				METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.	
				SPECIAL NOTICES.	

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LECTURE VI.

Morbid Conditions due to the Presence of Morbid Products.— Pyæmia.—Putrid Infection or Septicæmia.

THE morbid conditions of the blood which have been thus far considered, relate to its normal constituents. The presence in the blood of morbid products gives rise to conditions which are now to be noticed. The morbid products which may be contained in the blood are of two kinds, viz. 1st, Those formed within the body of the person affected, and, 2d, Those derived from the body of another person. The latter constitute the matter of contagion.

Of the first kind of morbid products, the only one of which we have much knowledge, is purulent matter or pus. The admixture of this morbid product with the blood gives rise to the morbid condition known as *purulent infection of the blood* or *pyæmia*. It has also been called *pyogenic fever*, *pus-blood*, and the *pus-crisis*. This is a highly interesting and important pathological condition. The presence of purulent matter in the blood in sufficient quantity to constitute a serious condition, occasions effects manifested in the blood itself, in the circulation, and in the solid parts of the body. Of these three orders of effects, the first seems primary, the two other orders being secondary and dependent on the first.

The purulent matter acts upon the blood as a poison. It induces a toxæmic condition. The fibrin decreases. The red globules are diminished in number. Coagulation is hastened, and clots are often found within the vessels and the cavities of the heart. The damage to the blood is great if the quantity of purulent matter exceed a certain amount. A small quantity may not be sufficient to infect the blood, and it is eliminated without inducing the changes just stated. Infection is found to occur more readily in certain conditions of the system, as when the vital powers are depressed and under certain epidemic influences. In experiments of injecting pus into the veins, dogs are found to possess a greater power of resistance to the effects than rabbits.

The circulation is notably enfeebled by the changes of the blood in pyæmia. The pulse is rapid and weak. The feebleness of the circulation progressively increases, and death takes place by cessation of the heart's action, or asthenia. Hæmorrhagic extravasations are apt to occur.

Of the effects manifested in the solid parts, the most striking and distinctive are purulent formations in various situations. These have been called "purulent deposits" and "metastatic abscesses," names which imply an erroneous view respecting their production. It was formerly supposed that the pus in the blood was taken up from some situation in which it existed without the vessels, and then deposited in other situations; in other words the collections of pus in different organs, in cases of pyæmia, were supposed to be made up of the pus contained in the blood. So far as the pus corpuscle is concerned this is physically impossible. The size of the pus corpuscle is such as to prevent its passage through the coats of the vessels. When pus is absorbed, the corpuscles are first disintegrated; its anatomical characters are thus destroyed. It can only enter the vessels from without, as pus, through an opening into a vein. And when contained within the vessels it cannot transude through their unbroken parietes, the cor-

puscles being larger in size than the red globules of the blood. The purulent collections, therefore, are not, properly speaking, deposits or metastatic, but involve the production of pus in the different situations in which it is found.

Another idea which has been entertained is, that, owing to their size, corpuscles in the blood are arrested in the capillary vessels, occasion mechanical obstruction, and serve as nuclei for fresh purulent formations. They have been supposed to act as globules of quicksilver injected into the veins in the experiments of Cruveilhier. Purulent collections were found in the lungs after these experiments, and in the centre of each collection was a globule of quicksilver. This idea is purely hypothetical, and is disproved by the following fact: The introduction of pus-corpuscles into the blood is not required for the production of the phenomena of purulent infection, but the presence of the pus serum is sufficient. This fact has been proved by injecting the serum of pus into the veins of inferior animals. Experiments also show that certain kinds of purulent liquid are more virulent than other kinds. The pus called ichorous is more poisonous than that known as healthy or laudable.

However produced, the occurrence of purulent collections in different situations is characteristic of pyæmia, as determined by clinical observation, so that these collections constitute evidence of the existence of a purulent infection of the blood. Frequently collections are found in different organs, and numerous collections in the same organ. They vary in size from that of a pin's head to a walnut. They may be circumscribed, constituting, in fact, abscesses, or the pus may be infiltrated. The organs in which they are most apt to occur are the lungs and liver, but they occur in the kidneys, within the joints, beneath the cutaneous integument, and in other situations. The effects manifested in the solid parts are congestions, especially of the form called hypostatic, in the lungs, hæmorrhages, and softening of the muscular structure of the heart.

Pyæmia existing sufficiently to present its characteristic manifestations, is an exceedingly grave condition, generally proving fatal. Whence does it originate? How is it produced? Pus existing without the vessels is not readily absorbed, and large collections are seldom removed by absorption. If not evacuated by surgical interference it makes its way by ulceration into some outlet, and is thus discharged. But when removed by absorption it is eliminated from the blood without inducing the phenomena of infection. Its accumulation in the blood from absorption in sufficient quantity to occasion pyæmia is perhaps possible, but instances, if they ever occur, must be extremely rare. Purulent matter may get into the blood through openings into veins by wounds or by means of ulceration. This is more likely to occur in bony structures than in soft parts, because in the former the orifices are less likely to collapse, but may remain patenscent. An abscess may discharge more or less of its contents into a large vein to which it is in close proximity. There are, perhaps, occasional sources of pyæmia, but in the great majority of cases it is attributable to inflammation of the lining membrane of veins or phlebitis.

Phlebitis leads generally to coagulation of blood within the affected vessel, and its occlusion by the clot together with exuded fibrin. This occlusion may be permanent, the vessel becoming obliterated and the blood seeking collateral channels, or the coagulum and exuded fibrin may be gradually disintegrated and the calibre of the vessel restored. No purulent infection occurs in these cases. But pus may be produced within the inflamed vein.

The pus may be isolated by coagula at either extremity of the affected portion of the vessel, the coagula acting as plugs which prevent the passage of the pus into the circulation. The inflamed vein is sequestered, to adopt the term employed by Cruveilhier, and pyæmia is thus prevented. The pus, under these circumstances, may be gradually absorbed, or it may make its way externally, or into some outlet, and be discharged. If, however, suppuration

takes place and the sequestration be not complete, the pus is carried into the circulation and is mixed with the blood. Pyæmia is then produced.

Phlebitis may occur in different situations. It is sometimes seated in the vena portæ. Portal phlebitis is a rare form of disease, and not easily recognised by the symptoms during life. The purulent formations in cases of this disease are found especially in the liver. Phlebitis in various situations is liable to follow injuries and surgical operations. Patients who die shortly after some accidental injury or operation, not severe enough to destroy life by shock, are, in general, cut off by pyæmia.

Inflammation may extend from the structures in different organs to adjacent veins. This may happen anywhere, but it is oftenest observed in cases of caries affecting the bones of the head. The unexpected development of grave symptoms and death in certain cases, is in this way accounted for. After confinement uterine phlebitis occurs, more or less, as a necessary result; and pyæmia is the morbid condition in certain of the puerperal fevers. A patient is delivered without any untoward events, but the system is much reduced by the state of pregnancy. In two or three days the pulse becomes frequent and feeble, slight chills occur with prostration, and, at length, delirium; death takes place with no symptoms denoting any local affection adequate to account for the fatal termination. This is a sketch of cases which all practitioners of much experience must have met with. They are cases of pyæmia due to uterine phlebitis. During the prevalence of certain epidemic influences such cases are frequent, and they occur at times in large numbers, in lying-in wards, from nosocomial influences.

The account of pyæmia just given is believed to be in accordance with the views held by most pathologists at the present time; but the proof that the morbid condition thus named is due to the presence of pus in the blood, it must be confessed is not as complete as could be desired. It was formerly supposed that the existence of pyæmia was demonstrable, the presence of pus-corpuscles being ascertained by microscopical examination. But the best microscopists are now agreed that pus-corpuscles are not distinguishable from the white globules of the blood, and it is probable that they are in fact identical. So far, then, as the anatomical characters of pus are concerned, or, as Virchow styles it, morphological pus, its presence in the blood as a result of phlebitis or of its introduction in any other mode, is not demonstrable. It is impossible, in other words, by means of the microscope, to discriminate between leucocythemia and pyæmia. Virchow mentions that in many of the cases in which phlebitis is supposed to exist, coagula are formed without inflammation (thrombosis), and that under these circumstances, dissolved fibrin, forming a puriform liquid, is carried into the circulation, not true pus. That a morbid condition of the blood exists, giving rise to the phenomena which are described as belonging to pyæmia, is not to be doubted, but it must be considered as doubtful whether the presence of pus-corpuscles has anything to do with the production of these phenomena. As already stated, experiments on inferior animals show that the phenomena of purulent infection of the blood may be produced by injecting pus-serum without the pus-corpuscles.

The existence of pyæmia is to be determined during life by the occurrence of chills, rapidity and feebleness of the pulse, prostration, etc., after wounds, surgical operations, confinement, or when these symptoms coexist, with phlebitis, developed spontaneously in a situation in which it may be discovered. But in some cases there are no grounds irrespective of the general symptoms to suspect phlebitis, for example when the portal vein is affected. In such cases the occurrence of these general symptoms, if they are not otherwise to be explained, should lead to the suspicion of pyæmia. Disseminated purulent collections beneath the integument are determinable during life, and these are important in a diagnostic point of view. Effusion within

joints, taken in connexion with the gravity of the general symptoms, is highly diagnostic. This event is liable to lead to the error of mistaking pyæmia for articular rheumatism.

Of the therapeutical indications little need be said. There are no special remedies for pyæmia. A fatal termination is due to the destructive changes in the blood and the secondary affections. A favorable termination must depend on the elimination of the poisonous matter, restoration of the normal condition of the blood, and recovery from the local effects. There are no particular remedies to be directed specifically to these ends. The objects of treatment, in general terms, are to palliate symptoms and sustain the powers of life. Sustaining measures are chiefly indicated; the aim being to prolong life until the processes of restoration are completed. The indications are the same as in the essential fevers and various other affections; and the measures are the same which will be hereafter noticed in other connexions, viz. tonic remedies, stimulants, and nutritious alimentation.

The absorption of pus and other morbid products, or of any animal matter within the body, in a state of decomposition, is supposed to induce a morbid condition of the blood distinguished as *putrid infection of the blood*, or *septicæmia*. The febrile movement and hectic paroxysms with more or less prostration, etc., accompanying purulent collections which have become putrid from contact with air, as in cases of empyema with perforation of the lungs or thorax, are attributed to a morbid condition of the blood thus induced.

Putrid infection is supposed to occur in the puerperal state from the absorption of portions of the placenta remaining and undergoing decomposition within the uterus. The grave general symptoms in certain cases of diphtheria are thought to be due to septicæmia induced by absorption of the decomposed exudation. That the blood may be poisoned by the absorption of putrid matter, is rendered probable by clinical observation and by experiments on inferior animals, but it is not easy to determine to what extent morbid phenomena are referable to this source. In cases of diphtheria, for example, it is perhaps more reasonable to attribute the general condition to the action of the special cause of the disease than to an infection by the products of disease.

Original Communications.

BRONCHOTOMY,

WITH A STATEMENT OF FORTY-THREE CASES.

By ALFRED NORTH, M.D.,

WATERBURY, CONN., LATE HOUSE-SURGEON TO N. Y. HOSPITAL.

(Concluded from page 254.)

V. PRESSURE OF TUMORS ON THE TRACHEA.

ONE of the most common forms of tumor pressing on the trachea, is the aneurismal. This so closely simulates laryngeal disease, that in some cases it is very difficult, if not impossible, to recognise it.* Dr. Stokes says, attention to the following points will prevent an aneurism from being confounded with disease of the larynx:—"1st. Evidence of internal pressure; 2d. Evidence of solidity in the upper portion of the chest; 3d. Proper signs of aneurism; 4th. Difference in radial pulse."

In five of the tabulated cases the obstruction was caused by the pressure of an aneurism on the trachea, in only one of which could this be distinguished previous to death, although examinations were made with this end in view. The history of these cases would seem to afford valuable suggestions in reference to the diagnosis of this disease. In three cases the pain was referred to the top of the sternum, and not to the region of the larynx, as is almost

* Copland's Med. Dict., vol. II., p. 807.

invariably the case when this organ is the seat of obstruction; in three of the cases there was coldness of the extremities, while in all of them the pulse was frequent and feeble; cough, dyspnoea, and dysphagia were also present in each case.

Case 18.—Supposed laryngitis; aneurism of the arch of the aorta encroaching on the trachea.

Mr. E—, aged 36 years, was, during the month of August, 1856, subject to frequent attacks of dyspnoea, threatening instant death. Patient was a seafaring man, and had always enjoyed uninterrupted good health, with the exception of the present attack, which commenced while on a voyage from Liverpool, when he was suddenly seized with loss of voice, which he never afterwards recovered. His throat also became sore, and was attended with cough. On his arrival, about six weeks ago, he placed himself under the care of a physician, who has attended him since. His symptoms are those of laryngitis, and have been treated judiciously and energetically, but without benefit, and his condition has been growing worse.

On July 29th Dr. Watson saw the patient, and from his examination of the case regarded the obstruction as depending on laryngitis. The condition of the patient at the time of the operation was as follows: He was sitting up in a chair, his head inclining forward, and his elbows resting on the back of another chair. His voice could not be raised above a whisper, and had been in this condition uninterruptedly since the commencement of his sickness. His breathing was comparatively easy, but soon became noisy and stridulous after the effort of conversation. He was unable to lie down in consequence of its bringing on suffocative attacks. Swallowing often caused strangling. There was no marked difference between expiration and inspiration in regard to dyspnoea. Inhalation and exhalation through the nostrils were sometimes practicable, but often impossible. The patient referred the seat of the obstruction to a point lower down than the larynx; pressure upon the larynx in every direction caused no pain. By exploring with the finger the epiglottis and orifice of the larynx, they were ascertained to be in a normal condition. The countenance presented an anxious, haggard appearance. The pulse was frequent, about 120, small and weak, but regular.

Operation.—Tracheotomy was determined upon, and performed by Dr. Buck, with the assistance of Drs. Post, Lente, and Schapps, without the aid of ether. On attempting to lie down an attack of dyspnoea and suffocation was brought on, which obliged us to allow him to sit up. After exposing the trachea and its upper rings, and allowing the hemorrhage to cease, an opening was made through three of the rings, and a full-sized tube inserted. To our great disappointment no relief was afforded, nor could we perceive that any air passed through the tube. It was noticed that in making the incision through the trachea there was no whizzing noise, such as is produced when the larynx is obstructed. A protracted fit of coughing followed the introduction of the tube, but without any expectoration. It was now evident that the seat of the obstruction was lower down. A small sponge secured to the tapering end of a quill was passed through the tube down to the bifurcation three or four times without dislodging any obstruction. Brandy and water was administered to revive the patient's strength, which he swallowed with no less difficulty than before the operation. Towards morning the patient obtained some relief from his dyspnoea by a copious expectoration of viscid secretion. Notwithstanding this relief, patient died on the second day after operation.

Post-mortem examination revealed a large aneurism of the arch of the aorta, encroaching on the trachea at its bifurcation, and very considerably diminishing its calibre. The heart was considerably hypertrophied, especially the left ventricle.

VI. MEMBRANOUS CROUP.

Case 32 is interesting as showing the effect of croup in suspending labor, and relief afforded by the operation.

Emily White, aged nineteen years, was in her eighth month of pregnancy, and suffering from hysterical convulsions, to which she was occasionally subject. She was a woman of delicate habit and nervous temperament, but presented no marks of constitutional disease. Nothing occurred to call especial attention to her until the evening of the fifth day, when she had another attack of hysteria, accompanied by some dyspnoea and aphonia. The difficulty of breathing subsided, but the aphonia remained. Soon after dyspnoea returned, and an examination of the throat and chest was made; but as no evidence of inflammatory or constitutional disease was discovered, the trouble was regarded as spasmodic, and treated accordingly. On the afternoon of the sixth day her symptoms became much aggravated; the pulse was 120, and full; tenderness over the larynx; cough with frothy expectoration; considerable dyspnoea, with dysphagia. Eight leeches were applied over the larynx. The next morning the dyspnoea was somewhat relieved, and the patient felt more comfortable. She began to complain, however, of pain in the lower part of the abdomen; premature labor being feared, opium was administered with a view to check it, but at noon the membrane was ruptured, the liquor amnii discharged, and the second stage of labor progressed rapidly. The dyspnoea in the meantime became greater, the pulse more rapid and smaller, patient tossing about the bed, and suffering intensely from the pain. The head advanced into the inferior strait, where its progress ceased, the pains still recurring frequently, but producing no effect. After the head had been arrested nearly an hour and a half, the condition of the patient was decidedly worse; the pulse was 140 and very feeble, and the dyspnoea was rapidly increasing. The labor pains, which produced no expulsive force, only exhausted the patient, and it was evident that, unless the breathing could be relieved, the woman would die undelivered. Under these circumstances laryngotomy was determined upon and performed. The relief was instantaneous, and the patient breathed freely, and went to sleep. In the course of three hours a dead child was expelled; the uterus contracted firmly; there was no hemorrhage, and until midnight everything promised favorably. At this time the pulse, which had been reduced by the operation from 150 to 120, began to grow weaker and more rapid; the respiration continued free, but increased in frequency. In spite of free stimulation she continued to sink, and died at five A.M., about twelve hours after the operation.

The forty-three cases have been analysed in the following manner:

Sex.—Of the whole number twenty-eight were males and fifteen females. Of the cases that occurred at the New York Hospital, all were males except one.

Age.—Of the forty-three cases the average age was about thirty years. The youngest was three years old, the oldest was fifty-two. Thirteen were twenty-five years of age or younger; between twenty-five and forty years there were twenty-six cases; while between forty and fifty-two there were only four cases. In a report of eighty cases from English hospitals the average age was about twenty years; the youngest case was only eleven months old. From which it would appear that tracheotomy, although applicable to all ages, is most frequently resorted to in persons under thirty.

The condition preceding the operation was in nine cases that of nearly complete apnoea; in four the dyspnoea was so severe as to threaten suffocation; in sixteen the dyspnoea was urgent; in nine cases the dyspnoea was connected with difficulty of deglutition; in six only was there aphonia. In Case First (syphilitic ulceration of the larynx) the condition of the patient preceding the operation was improving, as will be seen from the following history of the case.

Feb. 8.—Patient cannot lie down through dyspnoea; expiration seems to be effected with more difficulty than inspiration; expectoration very copious, of viscid mucopurulent matter, and effected with much pain; deglutition excessively difficult, can only swallow fluids. Under the

steady and cautious use of mild mercurials and iodide of potassium, these extreme symptoms yielded during the following week, and the patient's condition improved somewhat, his gums being distinctly sore from mercury at the time of the amendment. But the improvement was not progressing; he still suffered from frequent paroxysms of dyspnoea, relieved by copious expectoration, the amount of the latter being excessive; his pulse continued above one hundred, with much emaciation and debility, and great difficulty of swallowing; lungs free from disease. In this condition the operation of tracheotomy was decided upon with the view simply of facilitating the function of respiration, and, by placing the larynx at rest, of contributing to its restoration. The immediate consequence of the operation was most favorable. Expectoration diminished, together with the constant and annoying hawking, spitting, and coughing; breathing entirely free. Capacity to take solid food returned in a few days; sleep was undisturbed. On the twenty-seventh his pulse had fallen to 90 (from 120), and on the ninth of March he was reported to be gaining rapidly, to have lost his phthisical look, and to be growing fat. Six months after the operation patient left the hospital wearing the tube.

The previous treatment in eight cases of syphilitic disease of the larynx was mercurial, in one of which scarification was also employed to relieve the oedema of the glottis. In three cases in which there was a foreign body, a probang was passed down the oesophagus; in one, emetics, and inversion in another, while in the third no treatment preceded the operation. Scarification of either glottis, epiglottis, or tonsils in five cases, and in two it was rendered impracticable on account of the severe dyspnoea which it occasioned. In seven cases counter-irritation and diaphoretics were used; in one the topical application of the nitrate of silver was employed. In one case of wound of the throat an elastic tube was passed into the larynx. In the remaining sixteen cases the treatment was not given.

The obstruction was caused in nineteen cases by syphilitic disease of the larynx; in nine by laryngitis, three of which supervened on wounds of the larynx, and one on typhoid fever; in three by the presence of foreign bodies. In five of the cases the obstruction was caused by the pressure of an aneurism on the trachea, in four of which cases (13, 16, 35, 36) its presence was not discovered until after death. In three cases from oedema glottidis; in three from membranous croup, one of them complicating labor. In one case from tetanus, and one from tonsillitis.

Operation.—Tracheotomy was performed in thirty-one cases, laryngotomy in twelve cases. Ryland, in speaking of bronchotomy, says: "The first great cause of failure is delay,"* and adds, "I can truly say that I have seen several cases lost by delaying the performance of this operation, but never one by opening the windpipe too early."† Marshall Hall says: "It is too late to operate when the countenance is pallid, face livid and cold, and pulse sinking."‡ In seven of the reported cases the patient was apparently in a dying condition, but all rallied after the operation, and then recovered. Dr. Detmold has operated twice when his patient was apparently dead, and both recovered. Dr. Buck says: "It is never too late," he has operated under same circumstances with success.

In Case Fifth the operation was attended with considerable hæmorrhage, the fatal effects of which were prevented by the speedy opening of the trachea, and the removal of blood by suction with the mouth. Prof. Brainard says: "He never opens the trachea until bleeding has stopped." M. Mashieuret states that he never stops to tie arteries or veins unless hæmorrhage is very abundant, as this is best controlled by free respiration.

The immediate result of the operation in twenty cases was great relief of embarrassed respiration; in five cases it was spoken of as being instantaneous; in four cases as

partial; while in one case the patient died during the operation.

Termination of the Disease.—Of the forty-three cases twenty-three recovered, and twenty terminated fatally, or a little over one half recovered. In the eighty cases from English hospitals, thirty-three recovered, and forty-seven died, or about two in every three recovered. The youngest in the fatal cases was six years old, the oldest was forty-three, the average being about twenty-nine years. Of these there were nine under the age of twenty-five years; ten between twenty-five and forty, and only one over that age. Of those who recovered the youngest was three years old, and the eldest fifty-two; the average age was about thirty. There were fourteen cases under thirty years, seven between that age and forty, and in two the age was not mentioned.

Of the successful cases the recovery was complete in twelve, and in eleven the tube was still retained, although in several of these latter cases the breathing through the natural passages had improved, as will be seen by reference to the table. In Case Fifth it was thought by Dr. Loomis that the tube might have been previously removed, but was retained by patient's request. Of the fatal cases one died during the operation, one just after its completion, and nine on the following day. The longest duration of any case was eleven days.

In forty-three of the collected cases the operation was followed, in five of them by bronchitis, and in two of these caused death. In the five cases, with one exception, in which the bronchitis was slight, it supervened after the operation for syphilitic disease of the larynx. The same is true in the English cases before referred to. May it not then be, as has been in a measure proved by Virchow, Stokes, Munk, and Graves, that syphilitic disease extends from the larynx into the bronchi, and there gives rise to syphilitic bronchitis? Of this, Dr. Stokes says: "I have known it to take precedence of the affections of the throat, but far more frequently it succeeds to this; the morbid action creeping gradually and slowly along the larynx and trachea into the bronchial tubes."* Will it not appear probable, then, that syphilitic poison predisposes to bronchitis?

PATHOLOGICAL APPEARANCES ON DISSECTION.

In twelve cases necrosopies were made, and revealed the following lesions: in two cases of laryngitis there was found in one the fauces and larynx of a bright red color, and coated with a layer of yellow lymph; in the other the inflammation had extended down, and had given rise to a semi-organized membrane, lining the upper part of the bronchi. In one case there was extensive disease of the lungs, probably caused by a wound. In one case a large abscess had burrowed its way into the deeper portions of the neck, thus compressing the trachea. In Case Sixth there was extensive oedema of the glottis, epiglottis, pharynx, and soft palate, with considerable detachment of the mucous membrane of the mouth from inhalation of steam. In one case there was entire destruction by ulceration of vocal cords and epiglottis, with an opening leading from the oesophagus into the larynx. In five cases there was an aneurism of the arch of the aorta pressing on the trachea.

A CHILD, two years old, was, on August 12th last, presented to the Academy of Surgery by M. Chassaignac, as an example of syphilis communicated by vaccination. The child was examined by MM. Cullerier and Guersant, and the disease declared by them to be a topical specimen of syphilitic vaccination.—*Brit. Med. Jour.*

THE French Medical Association has just held its annual meeting in Paris, under the presidency of M. Rayer. The society is five years old; and already numbers 5,746 members, having from its birth gone on gradually increasing. It consists of ninety local societies; and has at its disposition a sum of about £12,000.—*Brit. Med. Jour.*

* Ryland, on the Larynx and Trachea.

† American Journal of Medical Science.

* Acton, on Urinary and Generative Organs, p. 499.

REMARKS ON THE
USE OF PERMANGANATE OF POTASSA
IN THE TREATMENT OF HOSPITAL GANGRENE.
WITH CASES.

By F. HINKLE, ACTING ASSISTANT-SURGEON, U.S.A.

(Concluded from page 254.)

CASE I.—Samuel M. Cambridge, private, Co. F, 95th Pa., Oct. 17th. Admitted to Cambridge Hospital Washington, D.C., May 8th, 1863, with gunshot wound received at the Battle of Fredericksburg, May 3d, 1863. Upon examination found the ball (minié) had passed through the thigh about three inches above the knee-joint antero-posteriorly; entrance internal to the rectus femoris, and exit on a line with the external hamstring muscle, causing compound comminuted fracture of the left femur; splitting the condyle. There was also a flesh wound in the right leg. The treatment pursued up to the period of amputation of the thigh was simple dressings, and the application of Smith's anterior splints. May 29th, 1863.—Patient etherized and a thorough examination was made; found amputation of the thigh was necessary, which was performed. He bore the operation well, in the evening appeared quite bright and cheerful, though much exhausted. Ordered two ounces of wine with morphia sulph. May 30th.—Rested at intervals of one and two hours well during the night. He looks well, pulse 100. Skin good, has spells of nausea due to the effect of ether and morphia after the operation. The stump was dressed with simple dressings, and every five hours a cloth saturated applied with the dilute solution of permanganate of potassa, which was made only 30 grs. to the pint of water; it was intended only as a deodorizer and stimulant to the circulation in the stump; it maintained a healthy tone, and prevented sloughing, which so often occurs from feeble circulation in the flaps. June 1st, 1863.—The stump looks well, parts neatly approximated. He was removed to the garden between the wards for fifteen minutes to refresh himself; this created quite a joyful feeling of animation. June 2d.—From this date patient progressed favorably, and on the 1st day of July, the stump had entirely healed. July 1st.—Gangrene set in, the constitutional symptoms were active and very alarming. Pulse 120, intense nausea, vomiting, and bowels very loose. He suffered the most agonizing pains in the anterior crural and femoral nerves, just below Poupart's ligament, for which a lotion was ordered. Tinct. saponis comp. \mathfrak{z} iv.; Tinct. opii \mathfrak{z} ij.; tr. arnic. \mathfrak{z} j. A piece of flannel was soaked in it and applied frequently. Ordered internally sol. quiniæ sulph. \mathfrak{z} ij. (3ij), vim xerici \mathfrak{z} ij. Teaspoonful every four hours. Ordered pil. opii et comp. no. vi., one every five hours, until the excessive action of the bowels be arrested. The stump along the line of incision was swollen, its edges showing slight eversion, with large whitish blisters over the cuticle, especially in the incisions. Several spots were sloughed through the skin, from which discharged a thick cheesy liquid, highly offensive in smell. The treatment locally was a constant application every two hours of the solution of permanganate of potassa, one drachm of the salt to a pint of water. The following formula was then ordered—R. Potass. permanganatis \mathfrak{z} j., acid. sulph. gtt. xii. aquæ fluv. \mathfrak{O} j. liq., mix; wash, and paint the parts freely every three hours, extending it several inches beyond the disease. A wet cloth with the same solution diluted one half was constantly applied at each dressing. July 2d.—Patient continued very pallid; intense nausea, retains no food on his stomach. Pulse 120, very thread-like, easily compressed. Gangrene has extended about two inches on each side of the line of incision. The parts were much swollen, and presented a pulposus appearance, ash grey color, discharging a thick liquid of the same color. I was peculiarly struck this morning with the little odor emanating from the melting flesh in the progress of gangrene. The nurses in the ward, as well as myself, witnessed it did correct the fetid odor in this and all the suppurating

wounds to which it was applied; the treatment was continued. I visited the patient often after the gangrene set in, and this evening, six o'clock p.m., thirty-six hours after the first symptoms, the disease is arrested. July 3d.—Patient is gradually improving. The gangrene is arrested, and shows signs of separation. Skin beyond assumes a normal appearance, heat and swelling are decreasing, and the shining appearance of the cuticle, where it was raised in blebs, also was removed, leaving nothing now but the gangrenous mass about three inches in width. The bowels have now become quieted; discontinued the op. et camph., and ordered potass. permanganatis grs. xii., aquæ \mathfrak{z} j., six teaspoonfuls every four hours, so that he had four to eight grains daily of the salt. Continued the solution quiniæ sulph. and wine, but less frequently. July 4th.—Patient is decidedly better; the wound is cleansing itself from the disease. His general appearance greatly improved, appetite and spirits are returned. He was greeted at an early hour by the arrival of his parents from Philadelphia, who had been telegraphed for, believing it would do much to rally him from the effects of the terrible ordeal he had passed through within the last four days. Treatment was continued, only the strong solution was not repeated quite as often. He was carried out into the open air in the shade daily. July 7th.—The gangrenous mass has sloughed away, leaving a clean wound. July 8th.—The wound is clean, and commencing to repair with granulations. The wound was now dressed with wet lint soaked in the dilute solution of permanganate of potassa. His case from this date did well, and he went home on furlough about the fifteenth day of July, when his wound was nearly cicatrized.

CASE II.—Corporal James Hoag, Co. A, 60th Pa. regt., æt. 16, admitted into Jarvis U.S.A. General Hospital, Baltimore, Md., July 17th, 1863, with gunshot wound of right thigh, received at the battle of Gettysburg. Both wounds were healthy, and had nearly healed, when on the 1st of September they became painful, and he could not sleep. Sept. 2d.—The ulcers were irritable, and covered with a dark brown slough; appetite failing; tongue coated, and some fever. R. Quiniæ sulph., gr. xx.; acid. sulph., gr. ss.; aquæ, \mathfrak{z} ij. M. S. a teaspoonful every three hours; also sprts. ferment. \mathfrak{z} vj., S. two tablespoonfuls every four hours. Sept. 3d.—The wounds are evidently in gangrenous condition, and the disease is spreading. Patient complains of a good deal of pain. Same constitutional treatment continued, with the addition of the local application of the sol. of potass. permanganate every three hours. Sept. 4th.—No improvement; same treatment, only the local remedy applied every two hours. Sept. 9th.—The disease has steadily progressed, and destroyed a large portion of the cellular tissue around the wound, but seems now arrested. Sloughs are still firm, but the line of demarkation is well defined, and the patient is much easier. The same treatment is continued. Sept. 19th.—Nearly all the diseased tissues have sloughed off, and healthy granulations have commenced. The wounds present great cavities, which will take a long time to fill up by granulations. Patient is very feeble, and considerably emaciated, but his digestion seems rallying, and he is getting comfortable and cheerful. Oct. 19th.—The parts that were so much eaten out by gangrene are now granulated up to the surface, and are level with the healthy tissues. Cicatrization is going on rapidly. There is no longer any need of stimulants, for all his flesh has come back, and has a general healthy tone. The lower wound has almost healed, and the other is improving as fast as could be hoped for.

CASE III.—Charles McElroy, private, Co. K, 17th Conn., æt. 40, admitted to Jarvis U.S.A. General Hospital, Baltimore, Md., July 14, 1863, with three wounds of leg, received in the battle of Gettysburg, July 1, 1863, treated in the Eleventh Army Corps Hospital previous to admission. His wounds progressed favorably for a month, although the whole belly of the gastrocnemius and soleus muscles was carried away by a fragment of shell. The limb presented a frightful appearance, the vitality having

been destroyed far beyond the seat of injury, terminating in extensive suppuration, inflammation, and sloughing. The length of the wound was nearly six inches. Sept. 1st, 1863.—The suppuration and inflammation have entirely subsided; the greater part of the wound is granulated and healed. Sept. 3d.—He was suddenly seized with violent constitutional disturbances: a high grade of fever pains in his head, back, and limbs, with frequent chills. Gangrene set in, and in twenty-four hours opened the entire wound, everting the integument, and the pulpos variety of slough was presented *en masse*, elevating itself fully two inches above the level of the wound, of a dark ash-colored appearance, apparently liquefying the flesh every hour as it progressed. The discharge was of a thick sanious liquid, which was highly pungent and very offensive, so much so that the nurses or those in attendance could scarcely remain in his presence a moment without experiencing sickness of the stomach, and this lasted during the first four days. The patient rapidly sank under the disease, and he had to be hourly watched, night and day, supporting him with diffusible and nervous stimulants and tonics, a good nutritious diet, essence of beef, oysters, etc. He was also placed under the immediate use of permanganate of potassa; from four to eight grains were given in twenty-four hours, which was continued daily for a month, moderating the dose as the patient improved. The concentrated solution was applied with a hair pencil every hour for the first three days, and lint saturated with the dilute solution constantly. The disease yielded on the fourth day. On the tenth day after the arrest of the disease, the entire wound was cleansed of the gangrenous mass, leaving a deep and dangerous wound. The blood-vessels and nerves were exposed *in situ*, also a part of the fibula. The pencil could be passed up two or three inches under the skin; thus almost the entire posterior part of the leg was turned into a very frightful looking wound. Sept. 20th.—Patient gradually began to recover his appetite, which was entirely gone, and it was with the greatest difficulty he could be supported through the disease, and so great was his prostration that all had despaired of his life for days. Nov. 5th.—He is now rapidly improving, and the wound has granulated up beyond our expectation, and more than three-fourths of it has cicatrized under the treatment.

I would, in conclusion, state, that in private practice at my home in Marietta, Penn., I have successfully used the permanganate of potassa in the treatment of leucorrhœa and other uterine affections. In one case of a melanoid cancer of the scalp, involving the bones of the skull, where I removed the tumor, and it afterwards returned, I have, by using the permanganate in the form of an ointment in the proportion of 30 per cent. to an ounce of simple cerate, been enabled to correct the fetid odor of the discharge, and also have succeeded in retarding the spread of the disease. In purulent ophthalmia I would recommend its use as a collyrium; and finally I feel confident that in many instances it can supplant the use of nitrate of silver, etc., as a more safe and powerful escharotic.

I herewith give the correct formula of liq. potassæ permanganatis, which is 85 grs. to the fluid ounce of water, dissolved by heat, as furnished by Henry Bower, chemist, of Philadelphia, from whom we are supplied by Government:—

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—At my request, Acting Asst. Surgeon F. Hinkle, U.S.A., an experienced physician and surgeon of twenty years' standing, has kindly furnished your valuable journal with a highly interesting and important report on the use of permanganate of potassa in the treatment of hospital gangrene. He was the first, I believe, to recognise its value as a remedial agent in arresting that terrible malady, hospital gangrene. In some sixty cases of the disease occurring in this hospital after the battle of Gettysburg, we have together given the disease especial attention, and are satisfied that when properly applied, the salt possesses

wonderful virtues, and is far superior and more certain in its action than any other remedy we have yet tried. To the military surgeon it must be marked in the same category with such medicines as quinine and opium. The disease was not new to me, for some years since, while an assistant in the New York Hospital, I witnessed it rage to a fearful extent in the surgical wards there, where we treated it with nitric acid and antiseptic dressings. In cases where the pain was excessive, I was the first to use the local application of chloroform by touching the gangrenous parts with a hair pencil, previously immersed in chloroform. The use of nitric acid has not given that satisfaction, or the happy results we claim for the permanganate of potassa. The report of Dr. Hinkle embodies much valuable information in using the agent, and should be read with attention. In the treatment of our cases we became quite expert, so much so that in several instances we could predict the time in which the disease would be arrested, and never felt alarmed that it would become uncontrollable. The only case that terminated fatally was where the disease extended from the foot to the knee, and where we tried nitric acid, alternating it with the permanganate of potassa. The man was of bad constitution, and after death the post-mortem examination revealed pyæmia. It has occurred to both of us, whether there is not some pathological connexion between these two diseases, and I concur with the opinion expressed by Dr. Hinkle, that hospital gangrene depends on an impoverished or poisoned condition of the blood, not yet fully understood.

DEWITT C. PETERS, Asst. Surg. U.S.A.,

JERVIS GEN. HOSP., BALTIMORE,
Nov. 6th, 1863.

Reports of Hospitals.

CHURCH U.S.A. GENERAL HOSPITAL, MEMPHIS,
TENN.

C. H. CLEVELAND, ACT. ASST. SURGEON U.S.A., IN CHARGE.
REPORT OF FIVE CASES OF HOSPITAL GANGRENE,

By D. C. LLOYD, MEDICAL CADET, U.S.A.

CASE I.—Hiram Butkin, aged twenty-two years, private, Co. G, 28th Wisconsin Infantry, was wounded at Helena, Ark., July 4, 1863, in the inner side of the middle third of the right thigh; ball passing through, and coming out at the opposite side. The inner wound had cicatrized. The outer one still suppurating. On the nineteenth of July he felt a sharp pain in the inner wound, and in two days ulceration commenced, which upon investigation was found to be gangrenous. Labarraque's solution and sulphate of zinc were applied, but the gangrene extended. He was transferred to Church hospital from the Union hospital, September 1, 1863. Patient on admission is very weak and depressed, and is anxious to have his thigh amputated. His general complexion is of a light sallow hue; skin moist; appetite poor; tongue moist and clean; pulse 87, full; temperature of the body 92°. His wound presents dark gangrenous sloughs, three-fourths of an inch in depth, one and a half inches transversely, and four longitudinally. The edges of the wound are inverted, and of a livid hue. The cellular, muscular, and subcutaneous tissues are involved, emitting a fetid odor, and copious exudation of a reddish brown color. The parts were well denuded of destroyed tissue with the forceps and scissors, and thoroughly syringed with warm water, and then swabbed out with a piece of dry cloth wrapped around a stick. The compound solution of bromine (Smith's) was applied, and the wound dressed with simple cerate. Stimulants were ordered every two hours, also nourishing diet. On the 5th he had diarrhœa, which was controlled by Hope's

mixture. Having obtained some pure bromine on the 10th, the wound was thoroughly cleansed; the patient put under the influence of chloroform, and the bromine applied to the wound by means of a swab. His bowels are regular, and he says he sleeps well; appetite poor; tongue clean, and moist; skin moist; pulse 120, regular, but weak; temperature 92°. September 12.—General health improving, spirits enlivened, appetite improved, says he sleeps well; tongue moist; skin moist; pulse 75, full; temperature 95°; bowels regular. The surface of the wound is free from gangrene, but the intermuscular tissues are still gangrenous, and the wound on the outer side of the thigh discharges foetid, ichorous matter in considerable quantity, which has a strong gangrenous odor. Warm water was injected with a syringe through the wound, from the inner to the outer side, and the dead tissue dissected off as clean as possible, which prepared the wound for the action of the bromine, which was injected in both openings with a small glass syringe, after which simple cerate dressings were applied. On the 14th, at which time a thorough cleansing could be made, no gangrene remained: no factor attended the wound. The discharge was of a laudable character from both orifices. The patient's general health began to improve.

Since the 14th he has continued to improve without any apparent relapse, with the exception of a slight attack of diarrhoea, which was readily controlled. The wound has granulated admirably; the intermuscular spaces are now (Oct. 1) all closed, and cicatrization is going on. The patient is convalescent.

II.—Allen Claud, aged forty-one years, private, Co. H, 22d Iowa Vols., was wounded in the left arm at Vicksburg, May 22, 1863. His arm was amputated on the following day by a Confederate surgeon, at the upper and middle third, without the benefit of an anæsthetic. After the lapse of a few days, he was sent to Memphis, Tenn., and placed in the Webster hospital, where his wound progressed favorably, and had completely cicatrized, with the exception of a small spot, the size of a hazel-nut, in which gangrene showed itself on the seventh of August. He says there were gangrenous patients in the ward, and all the wounds were cleansed with the same water and sponge. The stump had been cauterized with nitric acid, and the liq. ferri persulphatis had been applied. Quinia had been administered internally. He was transferred from the Webster to the Church hospital, August 13, 1863.

On admission his general system is debilitated. He says he feels very weak, and fears he shall not get well; expresses desire to be relieved by death. His appetite is poor; tongue clean and moist; skin moist; pulse 120, of moderate strength; temperature of the body 92°. His wound is very foetid, the sloughs presenting a dark grey appearance, extending one inch in depth, forming a ring of gangrenous tissue around the stump, and extending one and a half inches into the intermuscular spaces. The dead tissue was dissected off as far as practicable, and the part thoroughly cleansed with warm water. Bromine was applied by means of a swab, and the part covered with a cloth spread with a simple cerate, and then bandaged. No improvement could be recognised on dressing the wound on the morning of August 14, owing to the fact of the bromine not reaching the vitalized tissues. Labarraque's solution was applied, and ordered to be repeated every two hours, diluted in the proportion of two ounces of Labarraque's solution to a pint of water. The patient ordered nourishing diet, and half an ounce of brandy every two hours.

Aug. 14th.—The patient's appetite unimproved. Says he has pain at night, but sleeps well in daytime. His tongue is moist; bowels regular; pulse 112, weak. Quinia was again applied, the part enveloped with a cloth spread with simple cerate, the whole well bandaged. On the 21st he was put under the influence of chloroform; our supply of bromine being exhausted, nitric acid was applied by Dr. Weeks. While cleansing off the dead struc-

ture, hæmorrhage occurred from the brachial artery, which was immediately ligated. On the 22d there was a greater discharge of serum than formerly, and a part of the dead tissue was detached, which readily came off. Labarraque's solution was applied, and continued until the 24th, when nitric acid was again resorted to. There was no marked improvement in his general system. His pulse was 78, full; temperature 91°. On the 27th he had slight febrile symptoms; skin dry, tongue moist; no appetite; pulse 112, weak; temperature 88°. His wound was improving; no factor; the discharge was of a laudable character. A few dark grey spots remained on the muscular tissue; the destroyed subcutaneous and intermuscular tissue came readily away, leaving a clean surface, which was properly cleansed, and compound solution of bromine applied. September 1.—The patient's general health is considerably improved; he is lively, and walks about the room; pulse 66, full; temperature 87°; complexion fair; skin moist; appetite good; his wound is granulating finely; no gangrene; no factor. Simple dressing was applied. He continued to improve without any intermission, except a slight attack of diarrhoea, which was controlled by astringents, until the tenth, when he was sent to Webster hospital, cured.

This patient received nutritious diet, and stimulants every two hours. His wound was well syringed with warm water every day, care being taken to clean out all the sulci and sinuses that contained destroyed tissue. Oakum was applied, wet with Labarraque's solution, whenever the solution was used. The skin had adhered to the muscles, and cicatrization commenced around the margin of the wound. The interspaces were filled up by granulations, and the patient anticipated returning home in a few days, on furlough.

III.—John Brown, private, Co. K, 99th Ill. Vols., was wounded at Vicksburg on May 2, 1863, in the middle third of the left thigh, by a ball, producing a flesh wound. He was sent to the Union Hospital, where he received proper attention; his wound granulated healthily up to June 22, when gangrene set in. Labarraque's solution of soda was applied, and afterwards the liq. ferri persulphatis was substituted. The gangrene extended, and he was transferred from the Union to Church Hospital, September 1, 1863.

The patient is somewhat emaciated, and his general system debilitated. His mind is depressed; skin dry; complexion sallow; tongue moist; appetite good; pulse 95, weak; bowels regular; sleeps well, and has no pain in his wound. He has gangrene in the anterior and outer aspect of the middle third of the left thigh. The wound measures three inches transversely, and four longitudinally. The cellular and intermuscular tissues are involved. A sulcus is formed around the margin of the wound, one-half an inch in depth, the edges of which are everted, jagged, and extremely sensitive to the touch. The base is covered with a grey, tenacious slough. The wound was well trimmed with the forceps and scissors, the moisture absorbed with a piece of cloth, and the compound solution of bromine was applied by means of a swab into the sulci, and covered with a cloth spread with simple cerate. On the 2d Labarraque's solution was applied, and continued until the 6th, when the compound solution of bromine was substituted. There was no change constitutionally, except that his skin became moist, which heretofore had been dry. The wound gradually improved until the 10th, at which time the parts which had become clean assumed a phagedenic character. The following notes were taken. Patient's mind is more depressed. He says his appetite is good, and he sleeps well. His tongue is moist and clean; skin moist; complexion sallow; bowels regular; pulse 112, of good strength. The wound was properly cleansed, and bromine applied. A cloth spread with simple cerate was placed over the wound, and the whole enveloped with a piece of oiled silk. September 12.—The sloughs came readily off this morning, leaving a clean surface, attended

with no fœtor. Labarraque's solution was applied to stimulate the wound, and kept in direct contact with it, by means of oakum well saturated with the solution diluted (one part to eight of water) every two hours. September 13th.—Granulations are abundant throughout the whole extent of the wound. The patient's tongue is moist and clean; appetite good; skin moist; bowels regular; pulse 120, of good strength; temperature of the body 92°. September 16.—The patient is dull and sleepy; is with difficulty aroused, and pays no attention to what is going on around him. He has a harsh, dry cough. There is evident depression on the right side of the chest, which does not expand during inspiration. On percussing the chest posteriorly, there was dullness over three-fourths of the right lung. Auscultation over the dull part reveals tubular breathing, with bronchophony. Sputa is of a gelatinous consistence, but trifling in quantity. Respiration 28 per minute. His tongue is moist; appetite poor; pulse 120, of good strength. Skin dry; complexion sallow; temperature 82°. He does not complain of any pain or tenderness on pressure. September 20.—Respiration quite natural. He says he only feels a little weak, but otherwise is well. His skin is normal; appetite improved; tongue moist; pulse 96, full and regular. Temperature 83°. His wound is granulating, the edges have become adherent, and cicatrization is extending from the edges. He has gone home on a furlough, which he received on the 23d.

(To be Continued.)

American Medical Times.

SATURDAY, DECEMBER 5, 1863.

FEDERAL PRISONERS AT RICHMOND.

— "Doomed to famine, shackles, and despair,
Condemned to breathe a foul, infectious air,
In sickly hulks, devoted while they lay—
Successive funerals gloomed each dismal day."

THE report of the surgeons just returned from their imprisonment in Richmond, gives us the first entirely trustworthy account of the condition of the Federal prisoners in that place. Vague rumors have reached the people of the North of the destitution and suffering of their friends and brothers who have unhappily fallen into the hands of the rebels, and the occasional return of small companies, wasted, wan, and dying, has tended to confirm the report. But of the real nature of their privations and miseries we have not before had a reliable statement. The Report was drawn up by a committee appointed at a meeting of the surgeons on board of the steamer on which they returned from Fortress Monroe, and is signed as follows:—DANIEL MEEKER, U. S. V.; O. Q. HERRICK, Surgeon 34th Ill. V.; W. M. HOUSTON, Surgeon O. V. I.; A. J. HERRICK, Surgeon 17th O. V. I.; J. MARCUS RICE, Surgeon 14th Mass. Vols.; JOHN F. LUEK, Assistant Surgeon U. S. Navy; and AUGUSTUS A. MANN, Assistant Surgeon 1st R. I. Cavalry.

In the following extracts we present the more material portions of this important document:—

"The officers, about 1,000 in all, and representing nearly all grades of both branches of the service, are confined in seven rooms of Libby prison—a building formerly used as a warehouse; each room is 43 feet wide and 102 feet long, and affording to each prisoner but about 276 cubic feet of air. The rooms have unplastered walls, partitions, and ceilings; but few of the windows are glazed, being either open to the full sweep of cold winds, or closed with boards or canvass, either of the latter, when used, rendering the

rooms dark and cheerless; one of the rooms is used exclusively as a kitchen and dining-room, while portions of others are necessarily devoted to the same purpose, and but nine scantily furnished and medium-sized cook stoves are supplied the prison; the officers have to do their own cooking, and the supply of wood for this purpose is often insufficient, and occasionally for half a day none at all is sent in. A privy and sink render foul and disgusting one end of each room, polluting at times the air of the entire apartment. None are permitted to leave this building of accumulated and accumulating horrors till borne to the hospital, or happily exchanged. The enlisted men are confined in various places. At the time the Surgeons left Richmond there were about 6,300 soldiers held on Belle Island in James river, near the city, and about 4,000 soldiers and 150 sailors and marines in buildings similar to and in the immediate vicinity of 'Libby.' In the buildings, the condition of the men is about the same as that of the officers in 'Libby,' only they are much more crowded. The condition of those on the island is much worse. An insufficient number of tents are furnished to protect them from the cold and rain, and no blankets or any other bedding have been given them by the Rebels. Only one surgeon is assigned to Belle Island, and he makes but one visit a day, during which he does not enter the inclosure where the men are kept, to see those too sick to walk, but attends to those only who are able to come to him; when the neglected men are sent to the hospital it is often too late. None of the privates in the prisons about 'Libby' are furnished with bedding of any kind. A member of this Committee received a letter from a man belonging to the same command, and confined in the building opposite 'Libby,' worded thus: 'Doctor, we beg of you to try and get us something, either clothes or blankets, to keep us warm; we have no fire in the building to warm us, have nothing either to lie on to cover us, and suffer greatly from the cold.'

"In 'Libby' stoves for heating purposes have recently been put up in some of the rooms, but no fuel of any description has yet been given to render them useful. At one time the rations issued consisted of about three-fourths of a pound of wheat bread, one-fourth of a pound of fresh beef and two ounces of beans, and a small quantity of vinegar and salt for each prisoner per day. Subsequently the same quantity of corn bread made of unsifted meal, and rice instead of beans, were issued in the same quantities, or in lieu of beef and rice two or three small sweet potatoes, and quite often, more particularly within the last two weeks, absolutely nothing except the three-fourths of a pound of corn bread has been issued to each prisoner to satisfy the gnawings of hunger for twenty-four hours. On the 10th of this month the men on Belle Island did not get a meal of anything to eat till 4 o'clock P. M. The Committee unanimously agree that the rations furnished Union prisoners by Rebel authorities at Richmond are not sufficient to prevent the prisoners from suffering from hunger, and thus becoming debilitated, and very susceptible to disease. Some of the Committee have seen men brought from Belle Isle to the prison hospital literally starving to death; and a United States Army officer of high rank and undoubted veracity, then and now a prisoner in 'Libby,' told a member of this Committee that while on a visit to Belle Island recently, whither he went by permission of the Rebels, the prisoners there followed him in crowds as he walked around the inclosure, and cried to him with eager voices, 'We are hungry; send us bread; send us bread.' Were it not for supplies sent from home, none of those confined in Libby, and other prisons, would escape the pangs of hunger."

It appears from this communication that there are about 10,000 prisoners still confined in and about Richmond. Of these 1000 are in a condition to be classed as sick men, and are treated as such. The mortality among this number is rated at the enormous figure of 50 per day or 1500 monthly;

a daily mortality of 5 per 1000, or an annual mortality of 1850 per 1000. The diseases prevalent are diarrhoea, dysentery, and typhoid, the causes of which are found in the treatment to which these wretched men are subjected. They are either huddled together in small unventilated rooms, or exposed, with insufficient clothing, to the inclemencies of the weather. And to these causes of disease must be added that most potent of all, semi-starvation.

It may be said, in extenuation of these barbarities, that the rebels are compelled to treat their prisoners with apparent inhumanity owing to their want of food, clothing, and other necessities; but there are abundant proofs that most of this cruelty is deliberately inflicted. It is asserted in this report that:—

"Officers have been compelled to scrub the floors, clean the water-closets of the prison, and perform other menial services. All are and have been, at all times since their imprisonment in 'Libby,' subjected to insult and brutal treatment on the part of prison subordinates, and the Captain and Inspectors of the prison, when applied to, not only do not rebuke their subordinates, but encourage them to further offensive conduct. Upon the most trivial charges, officers have been confined from twenty-four hours to several days in damp dungeons under the jail, and there fed only on bread and water. An officer, for doing that which certainly did not merit the term offence, was put into one of these dungeon-cells, though at the time convalescent from typhoid fever, and too weak to do anything. Not more than 200 blankets have been given to the prisoners in 'Libby' by the Rebels. Were it not for those received from home and furnished by the Sanitary Commission, all would suffer very much. Twice within the past week the floors of the prison have been scrubbed at sundown, then through the cold night following, with no fire to drive off the moisture, officers must lie on those disease-engendering floors, or walk the floor till morning brought relief by bringing sunlight. On two other occasions, the floors were scrubbed nearly half an hour before the officers were ready to arise from their beds, and thus in various ways do the authorities seek to make our condition not only uncomfortable but dangerous."

The report of the released surgeons will form a most melancholy chapter in the history of this war. Fearful as has been the sacrifice of life on the battle-fields, it appeals less to our sympathy than the suffering in the prison-house of Richmond. In striking contrast with the inhumanity of the Rebel authorities in their treatment of prisoners, is the conduct of the Federal Government. All prisoners are provided with food and clothing in abundance, and the sick have the kindest ministrations of our hospitals. No word of taunt, or jest, or reproof is spoken, but they are treated with all the tenderness that paternal affection can bestow on erring children. The Rebel prisoners return fat and well clothed, ready to do efficient service again against their rightful Government.

THE WEEK.

THE Provost-Marshal General has issued a revised list of diseases and infirmities which disqualify for military service, and for which drafted men are to be rejected as physically or mentally unfit for the service. This revision renders the list much more complete than heretofore. Much is still left to the discretion of the examining surgeon, but as compared with former lists of causes of exemption from physical disability, it is a great improvement.

WOMEN nurses in U.S. General Hospitals have proved a

failure, except in a few isolated instances. The failure is due to the want of properly educated and thoroughly devoted women adapted to this work. The Sisters of Charity is the only organization that have as yet, in our military hospitals, succeeded in utilizing women's labor. Miss Dix still continues to exert herself to introduce women into hospitals, but with only partial success. A recent order of the Secretary of War still gives her full power to assign women to hospitals, but it is doubtful if anything useful will result until women are thoroughly trained to this special work.

Correspondence.

INTERNATIONAL SANITARY COMMISSION.

(To the Editor of the AMERICAN MEDICAL TIMES.)

A MONTH ago (Oct. 26th, 27th, 28th, and 29th), there was assembled at Geneva, Switzerland, an International Conference, the character and purposes of which are significant of the progressive civilization of the age, and humane spirit and life-saving mission of the medical profession. At that Conference, entitled a "*Conférence Internationale pour étudier les Moyens de Pourvoir à l'Insuffisance du Service Sanitaire dans les Armées en Campagne*," were gathered the following distinguished delegates from the various nations of Europe:—

M. le docteur UNGER, from Austria (Surgeon-in-Chief of the Austrian Army).

Surgeon-in-Chief STEINER, from Baden.

THEO. DOMPIERRE, from Bavaria.

" DON N. A. C. LANDA, from Spain.

" BOUDIER, from France.

M. de REVAL, from France.

M. CHEVALIER (Consul), from France.

DR. RUTHERFORD (Inspector-General of Hosp.), from England.

MR. MACKENZIE (Consul), from England.

DR. OELKER, from Hanover.

MAJOR BRODEUR, from Hesse.

M. CAPELLO (Consul), from Italy.

PRINCE HENRY XIII., from Prussia.

DR. LOFFLER, from Prussia.

DR. G. HOUSSELE, from Prussia.

DR. EASTING, from Holland.

CAPT. VAN DE VELDE, from Holland.

DR. GUTHRIE, from Saxony.

CAPT. ALEX. KIERIEW, from Russia.

M. E. ESSAKOFF, from Russia.

DR. SKOLDBERG, from Sweden.

DR. EDLING, from Sweden.

DR. HAHN, from Wurtemberg.

DR. WAGNER, from Wurtemberg.

M. F. DE MONTMOLLIN, from Switzerland.

DR. LEHMANN, from Switzerland.

DR. BEIRKE, from Switzerland.

M. F. DE G. MONTMOLLIN, from Switzerland.

PROF. LANDOZ, from Switzerland.

M. MORATEL, from Switzerland.

DR. ENGELHARDT, from Switzerland.

M. M. GENERAL DUPOUE, President.

HENRY DUNANT, Secretary.

These distinguished delegates assembled at Geneva, bearing official credentials from the chief authorities of the nations and departments of public service they represented, and after days of discussions, the full reports of which have not yet reached us, they put forth the following embodiment of the conclusions they had reached in conference. We quote from a copy just received from M. DUNANT, the Secretary.

"The International Conference, desirous to render aid to the wounded in those cases where the army sanitary service is insufficient, adopted the following resolutions:

"1. That in each country there exist a committee whose mission is to assist in time of war, if it is required, in providing by all the means in its power for the sanitary wants of the armies. The committee will organize itself in such manner as shall seem most useful and convenient.

"2. Sections, without limit in number, may be formed for the purpose of aiding this committee, and which shall act under its general direction.

"3. It shall be the duty of the committee to place itself *en rapport* with the government of its own country, in order that its service may be received, if there is need.

"4. In time of peace the committees and the sections shall look for the best means for rendering themselves really useful in time of war, especially in preparing material help of all kinds (*secours matériels de tout genre*), and in endeavoring to form and instruct volunteer nurses (*infirmiers volontaires*).

"5. In the event of war the committees of the belligerent nations shall furnish, according to their means, relief (*secours*) to the respective armies; their particular duty is to organize and set at work the volunteer nurses (*infirmiers volontaires*), and to prepare, in accordance with the military authority, the places in which the wounded shall be attended.

"6. They may solicit the co-operation of the committees of neutral nations. Upon application and with consent of the military authorities, the committees shall send the *infirmiers volontaires* upon the battle-field; they shall, at such times, be under the direction of the chief military commander.

"7. The *infirmiers volontaires* who follow the army must be provided by their respective committees with all necessary means for their sustenance.

"8. That, in every country, they wear as uniform, a white band (?) upon the arm (*brassard*) with a red cross.

"9. The committees and sections of the various countries may assemble an International Congress to communicate the results of their experience, and to consult upon the measures to be pursued in the interest of the work.

"10. The exchange of communication between the committees of the several nations shall be provisionally made through the committee at Geneva.

"Besides the above resolutions, the Conference expresses the following wishes:

"A. Let the governments grant their highest protection to the committees of relief which shall be formed, and facilitate as much as possible the fulfillment of their mission.

"B. Let neutrality be proclaimed, in time of war, by belligerent nations, for the ambulances and the hospitals, and let it be equally admitted, in the most complete manner, for the personnel of the sanitary staff (*personnel sanitaire officiel*), for the *infirmiers volontaires*, for the country people who may go to assist the wounded, and for the wounded themselves.

"C. Let a uniform distinctive badge (*signe*) be recognized for the sanitary corps of all armies, or at least for the persons of the same army who are attached to that service. Let a uniform flag (*un drapeau identique*) be also adopted for ambulances and hospitals in all countries."

Though this remarkably harmonious and earnest conference of the international delegates of Geneva is a spontaneous movement of great-hearted men, who have sought the approbation of their respective governments in behalf of the claims of humanity and Christian civilization, we may thank God that the bloody fields of our national struggle, and the successful example of the Sanitary Commission of our army, have served to hasten and to confirm the wise deliberations of the international delegates who have just closed their conference at Geneva.

In a recent number of Dr. Henri Favre's "*La France Médicale*," the moving spirit in originating the Geneva conference, and the confirming example of the feasibility of the proposed work, are thus mentioned:—"In our day," writes Dr. Favre, "every well inspired word is treasured up (*est recueillie*). M. Dunant, therefore, has not preached in vain; and as a proof, we have the application which has just been made of this all-spontaneous creation. It is in America that this idea has become practical," etc.

The gentleman, M. Dunant, who set on foot this humane movement in Europe, was following the lines of the belligerent armies in the Italian campaign; and at Solferino he found such scenes of war as he attempted to pass over that field while yet the smoke of the battle lingered, that he turned and set himself to the work of instantly organizing an impromptu corps of *infirmiers volontaires*. The record of that timely and merciful work is in the hearts of the multitude of mutilated sufferers, who, but for the succor which that noble man and his obedient helpers rendered, would not now be able to recount the scenes of that memorable battle-field. And the excellent men who have so promptly and so emphatically responded to the demands of humanity in not only mitigating the horrors of such fields of blood, but in a practical advocacy of the sacredness of human life, have joined in a movement that shall soften the very passions of war, and help to remove its causes.

Yours, &c.,

ELISHA HARRIS.

NEW YORK, Nov. 30th, 1863.

GYMNASTIC TRAINING FOR THE SOLDIERS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—One of the chief objects I had in view in my recent European tour, was to obtain information that might be useful in the conduct of our present civil conflict. Much of this has been already communicated through the medium

of your columns and other channels; this, however, constitutes but a small part of the material collected; and I propose, with your consent, to present to your readers from time to time, such other facts and considerations as seem to have a practical interest and bearing at the present time.

During my residence in London I attended a lecture at the "Royal United Service Institution" (May 23, 1862), delivered by ARCHIBALD MACLAREN, Esq., Principal of the Gymnasium at Oxford, on "*The Value of a Gymnastic Training to the Soldier*." Deeming the subject, as well as the remarks of Mr. M., of very high importance, I took very full notes; but having subsequently requested a copy of the lecture from the author, should it be published, in order to embody some of its facts and statements in some of my letters, Mr. M. has been so kind as to furnish me one, and you will doubtless oblige many of your readers by quoting the concluding remarks and "*Tabular Statement of Measurements*" (pp. 8, 9, 10, 11, 13). It may, perhaps, also be well to state that gymnasia have been recently established in connexion with all the military barracks in Great Britain, under teachers who have been expressly trained for the purpose by Mr. MacLaren, the most accomplished instructor, undoubtedly, in this department in the kingdom. Would it not be well to have gymnasia established in all our "Camps of Instruction," as well as among all our regiments, where the soldiers should be regularly drilled in these, as well as the usual manual exercises; which, although essential, are not calculated to develop the entire system of muscles, and the greatest bodily efficiency and endurance.

Yours, etc.,

CHARLES A. LEE, M.D.

PEEKSKILL, Nov. 23, 1863.

"Many years ago I instituted in my gymnasium at Oxford a series of measurements, by which I could ascertain the state of the development of all pupils at the commencement of their instruction, and these measurements being repeated at given intervals, I could know the rate of their advancement. The revelations made by this system of periodic measurements have been such, as to sustain me in devoting my entire energies to the completion and extension of my system of exercise. I find that to all, child or adult, weak or strong, it gives an impulse, a momentum to the development of his resources, which nothing else can give;—and which nothing can take away, because it is not a thing acquired, a mere mental or physical acquisition; it is the man altered, the man improved, the man brought nearer to the state he was designed to hold by the nature of his organization.*

"But the question will naturally present itself, Would the same results be obtained from a similar system of bodily exercise by the men who fill the ranks of our Army as by the youths passing through our Universities? I think the statements which I have now to make, will satisfactorily answer this question.

"The first detachment of non-commissioned officers, twelve in number, sent to me to qualify as instructors, were selected from all branches of the service. They ranged between nineteen and twenty-nine years of age—between five feet five inches and six feet in height—between nine stone two pounds and twelve stone six pounds in weight—and had seen from two to twelve years of service. I confess I felt greatly discomfited at the appearance of this detachment, so different in every physical attribute; I perceived the difficulty, the very great difficulty, of working them in the same squad at the same exercises, and the unfitness of some of them for a duty so special as the introduction of a new system of bodily training into the army—a system in which I have found it necessary to lay down as an absolute rule, that every exercise in every lesson shall be executed in its perfect form by the instructor, previous to the attempt of the learner; knowing from experience

* A few of these results I have made known in a paper read by me at the meeting of the British Association at Oxford two years ago, and since published in "*Macmillan's Magazine*," Nov. 1860.—A. M.

how important is example in the acquisition of all physical movements, and how widely the exercises might miss of their object if unworthily represented by an inferior instructor. But I also saw, that the detachment presented perhaps as fair a sample of the Army as it was possible to obtain in the same number of men, and that if I closely observed the results of the system upon these men, the weak and the strong, the short and the tall, the robust and the delicate, I should be furnished with a fair idea of what would be the results of the system upon the Army at large.

"I therefore received the detachment just as it stood, and, following my method of periodic measurements, I carefully ascertained and registered the developments of each at the commencement of his course of instruction, and at certain intervals throughout its progress. A tabular statement of these measurements will appear, I believe, in the forthcoming blue book, as they were furnished by me to Dr. Logan, the Inspector-General of Hospitals, with whom I have had the pleasure to be associated on the Committee appointed to consider the question of the introduction of these exercises into the Army; but I may here mention that the effects were beyond my most sanguine hopes, and equal to any precedent among the youths in those higher positions of life among whom my observations had been hitherto chiefly made. The muscular additions to the arms and shoulders and the expansion of the chest were so great as to have absolutely a ludicrous and embarrassing result, for before the fourth month several of the men could not get into their uniforms, jackets and tunics, without assistance, and when they had got them on they could not get them to meet down the middle by a hand's breadth. In a month more they could not get into them at all, and new clothing had to be procured, pending the arrival of which the men had to go to and from the gymnasium in their great coats. One of these men had gained five inches in actual girth of chest.

"Now, who shall tell the value of these five inches of chest—five inches of additional space for the heart and lungs to work in? There is no computing its value, no power of computing it at all; and, before such an addition as this could be made to this part of the body, the whole frame must have received a proportionate gain. For the exercises of the system are addressed to the whole body, and to the whole body equally, and before this addition could be made to the chest every spot and point of the frame that you could touch with the tip of your finger must be improved also; every organ within the body must be proportionately strengthened.

"But I tried another method of recording the results of the exercises. I had these men photographed naked to the waist shortly after the beginning of the course and again at its close; and the change in all, even these small portraits, is very distinct, and most notably so in the youngest, a youth of nineteen, and, as I had anticipated in him, not merely in the acquisition of muscle, but in a readjustment and expansion of the osseous framework upon which the muscles are distributed.

"But there was one change—the greatest of all, and to which all other changes are but means to an end, are but evidences more or less distinct that this end has been accomplished—a change which I could not record, which can never be recorded, but which was to me, and to all who had ever seen the men, most impressively evident—and that was the change in bodily activity, dexterity, presence of mind, and endurance of fatigue; a change, gentlemen, a hundredfold more impressive than anything the tape measure or the weighing chair can ever reveal.

"The results upon the second detachment of instructors whom I am now qualifying are equally satisfactory, but more uniform, the men having been more specially selected.

"Up to this point, gentlemen, I have spoken but of the beneficial results of exercise as affecting the man, without special reference to his professional duties as a soldier; and

I have done so purposely, because you will in a moment see that the power of the man and the serviceability of the soldier are inseparable conditions. Our embodied idea of energy, activity, and strength is the soldier, these qualities trained to, made subservient to, the exigencies of his profession; and these qualities are the inevitable results, the incontrovertible results, of that system of bodily training which I advocate, because the system itself is based upon, and all its directions are in accordance with, the natural laws which govern the growth and development of the human body. Endow a man with these qualities, therefore, and you endow him with the power of overcoming all difficulties against which such qualities can be brought to bear, against all difficulties requiring strength, activity, energy, dexterity, presence of mind, tenacity, and endurance. You cannot limit a high qualification to a single use any more than you can limit the purpose to which a good coin may be applied; it will fetch its value anywhere and in anything. And so will strong muscles and sound lungs—in garrison, in camp, or on camping, on the march, in the field, in the transport, in the hospital, on any service, in any climate.

"But, although we cannot limit the use of a qualification, we can very readily give to it a special direction by special care, and make it more distinctly valuable for special purposes. And this is emphatically the case with the application of the powers acquired by gymnastic training to the duties of the professional life of the soldier. Indeed, as will be seen by the published book of the system, this is the ultimate aim and object of every exercise in it, and this is clearly inculcated and steadily kept before the learner throughout his instruction. And the last course in the system consists exclusively of the practical application to a professional use of all that has gone before, teaching the soldiers how to overcome material obstacles of every form, position, and character, surmountable by walk or run or leap or vault or climb, with implements and with arms, singly and self-dependent, or with comrades rendering and receiving mutual assistance.

"Therefore the question which I have advanced, 'Do the exigencies of a soldier's life require or render valuable the possession of great physical resources?' I will not further answer, because the answer is apparent on the face of the question itself, and the question was only put to emphasize the importance of the subject to which it refers. I feel it would be unbecoming in me further to enlarge upon this subject before professional men, acquainted by life experience with all the forms in which the exigencies of the soldier's profession make daily, hourly claim upon his physical resources, and who know that health and strength are the essence of the soldier's power.

"Nor need I repeat here, because they must be familiar to you all, the startling statistics which show the small percentage of men who fall by the weapons of the enemy, in comparison to those who succumb to the demands made upon their bodily energies. For the one enemy in his own form which the soldier has to encounter, there are a hundred lurking around him unseen, in the form of sufferings which originate in the manifold trials of his professional life. He cannot stand the heat, or he cannot stand the cold; he cannot stand the terrible exertion and excitement of the struggle, or he cannot stand the monotony of the camp and wearisomeness of the march; he cannot subsist on the scanty and ill-prepared rations; he cannot bear up against the broken and insufficient rest. Against his single human foe we put into his hands the most perfect weapon invented—I might almost say inventable—by man; against the other foes that lurk in this path, awaiting him at every turn, there is but one protection—to strengthen the soldier himself.

"In conclusion, I would merely remark, that while this is applicable to the soldiers of every country, how much more so—with how much greater force—does it apply to our own, who have to pass from station to station over the whole world, who have to endure the extremes of every

climate, from the almost arctic cold of Canada to the tropical heat of Africa and the Indies? If physical energy and constitutional strength be the essence of power in the soldiers of any other nation, they must be so with strange distinctness in those of ours, who have to exercise their profession over almost every country on the face of the globe, and to endure the hardships, the fatigues, the discomforts of them all.

"In this paper I have spoken only of the physical advantages which the soldier would derive from a systematic bodily training, but its value in a moral point of view would be almost as great, as evident, and would be assured by the natural action of laws as plain as those which regulate his material improvement. I do not allude merely to the filling up healthfully, pleasurably, and profitably of his spare time—I do not allude merely to the evidence which it would set before him of how health and strength are gained, and how they are lost, and of the immeasurable advantages which the possessor of these qualities has, in every situation of life, over the man who has them not—I allude to the well-known physiological fact, that active bodily exercise has the direct effect of checking that desire for stimulants and excitements and sensuous indulgences, which sap and undermine the constitution, and wear out the soldier's frame, and which arises, not so much from any physical want, or for the natural gratification of any legitimate physical desire, as from a nervous irritability and craving, that become the stronger the more they are indulged, and the strength and force of which are usually in an inverse ratio to the bodily strength and power of the individual—in an inverse ratio to his ability to indulge in them with impunity."

Obituary.

MORTIMER G. PORTER, M.D.

DR. PORTER was a native of Skaneateles, Onondaga Co., New York. He was the son of Dr. E. H. PORTER, and grandson of the late Dr. DANIEL PORTER, both of that town. He was a graduate of the *Buffalo Medical College* at the session 1849-50. After receiving his medical degree, Dr. PORTER became one of the Assistant-Physicians to the State Lunatic Asylum, where he remained several years. On leaving the Asylum he located in New York, and entered upon the practice of his profession. He connected himself with the North-Western Dispensary, then just established, the prosperity of which he labored diligently to promote. Dr. P. was a member of the Academy of Medicine and Pathological Society. He was ardently devoted to his profession, and warmly attached to his patients. He contracted fever in his practice, of which he died at the early age of 37. He left a wife and child. His remains were removed to his native town for interment.

Army Medical Intelligence.

(CIRCULAR No. 25.)

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
Washington, November 4, 1863.

GENERAL ORDERS, No. 355.—Medical Directors of Armies in the field will forward, direct to the Surgeon-General, at Washington, duplicates of their reports to their several Commanding Generals of the killed and wounded, after every engagement.

By order of the Secretary of War:

(Signed)

E. D. TOWNSEND,
Assistant Adjutant General.

SURGEON GENERAL'S OFFICE,
Washington, Nov. 11, 1863.

To carry out the intentions of the above order, Medical

Directors of Armies in the field will detail suitable officers, who will, under their instructions, collate and prepare for transmission to this office all obtainable statistics and data in connexion with past and future operations of those armies, which may be essential or useful in the history of the War. Particular attention is called to the following points:

The morale and sanitary condition of the troops, condition and amount of Medical and Hospital supplies, tents, ambulances, &c.; the points at or near the field where the wounded were attended to; degree of exposure of wounded, to wit: cold or heat; adequacy of supplies of water, food, stimulants, &c.; mode of removal of wounded from the field to field hospitals: to what General Hospitals the wounded were transferred—by what means and where; the character and duration of the action, nature of wounds received, &c. When practicable, separate casualty lists will be made of commissioned officers, non-commissioned officers, and privates.

The attention of Medical Officers is earnestly directed to the importance of this subject; without their co-operation no reliable record can be preserved—the vast experiences of the past will remain with individuals, and be lost to the service and the country.

J. K. BARNES,

Medical Inspector General, Act. Surg. Gen.

ORDERS, CHANGES, &c.

The following assignment of Medical Officers has been made:

Surgeon Charles H. Laub, U.S.A., now awaiting orders in Washington, D.C. to relieve Surgeon Ebenezer Swift, U.S.A., in his duties as member of the Retiring Board at Wilmington, Delaware, of which Major-General McDowell is President.

Surgeon Swift, when relieved, to proceed without delay to the Department of the South, to relieve Surgeon H. R. Wirtz, U.S.A., as Medical Director of that Department; the latter, on being relieved, to proceed to New York city, and report by letter to the Surgeon General, U.S.A., for assignment to duty.

The Hospital Examining Board, convened by Special Orders, 414, September 19th, 1863, from the War Department, and of which Lieut.-Colonel S. H. Lathrop, Assistant-Inspector General, 22d Army Corps, is President, will proceed without delay to inspect and report upon the United States General Hospitals, at the following cities:—Harrisburg, Pennsylvania; Philadelphia, Pennsylvania; New York city and vicinity; Cincinnati, Ohio, and vicinity; Louisville, Kentucky, and vicinity; St. Louis, Missouri, and vicinity; Chicago, Illinois, and vicinity; Mound City, Illinois; Cairo, Illinois.

They will also inspect and report upon the manner of forwarding convalescents from these Hospitals to their regiments, and present such suggestions as may tend to facilitate their return.

The following officers, having tendered their resignations, have been honorably discharged the service of the United States, on account of physical disability, with condition that they shall receive no final payments until they have satisfied the Pay Department that they are not indebted to the Government.

Surgeon James Norval, 79th New York Vols., to date June 13, 1863.

Assistant-Surgeon Wallace D. Martin, 62d Penns. Vols. (published officially October 19, 1863), having failed to appear before the Military Commission, instituted by Special Orders No. 53, from the War Department within the prescribed time, the President directs that he be dismissed the service of the United States, for desertion, to date September 23, 1863.

The following Medical Inspectors, U.S.A., now on duty with the Armies constituting the Military Division of the Mississippi, will at once report by letter to Major-General Grant at Nashville, Tenn., for assignment to duty:—Lieutenant-Colonel Charles C. Keeney, Lieut.-Col. Edward P. Vollum, Lieut.-Col. George T. Allen, Lieut.-Colonel Lewis Humphreys, Lieut.-Col. John E. Summers.

Leave of absence for fourteen days has been granted Assistant-Surgeon F. Denicke, 30th and 32d New York Independent Batteries.

The following officers will report in person, without delay, to the Commanding-General of the Department of the South, for assignment to duty:—Assist.-Surgeon John F. Huber, U.S.V.; Assist.-Surgeon Henry M. Kirke, U.S.V.; Assist.-Surgeon Charles H. Hood, U.S.V.

The resignation of Surgeon William S. Forbes, U.S.V., has been accepted by the President, to take effect November 20, 1863.

Assistant-Surgeon A. M. Sigmund, U.S.V., recently appointed, will report in person, without delay, to the Commanding Officer of Camp Douglas, Illinois, for duty.

Assistant-Surgeon Ira Brown, 65th Illinois, will proceed without delay to join his regiment.

Assistant-Surgeon Milton J. Bowland, supernumerary officer of the 71st Ohio Volunteers, has been honorably mustered out of service.

Stillman Witt of Cleveland, Ohio, is hereby appointed a Special Inspector, to visit the hospitals at Port Royal and Hilton Head, and will report to the War Department. The Assistant-Quartermaster at New York will furnish Mr. Witt, his wife and daughter, with transportation on a Government transport to and from Hilton Head.

So much of Special Orders No. 417, current series, from the War Department, as relates to Assistant-Surgeon W. F. Fundenberg, 176th Pennsylvania drafted Militia, has been rescinded, and Surgeon Fundenberg is hereby mustered out, and honorably discharged the service of the United States, as of the date his regiment was mustered out.

MARRIED.

WESSELHEFT—POPE.—At Dorchester, 15th ult., CONTRAD WESSELHEFT, M.D., to Miss LILY T. daughter of WILLIAM POPE, all of Dorchester.

HITCHCOCK—HILL.—At Newton Corner, 17th ult., THOMAS B. HITCHCOCK, M.D., to Miss SARAH S. HILL, all of Newton.

BILL—WALLER.—At Saratoga Springs on the 25th of November, by the Rev. John Brandige, Dr. J. H. BILL, U.S.A., to ELIZABETH H. daughter of the late EDWARD WALLER, Esq., and niece of Major H. D. WALLER, U.S.A.

BARCOCK—HARWOOD.—At the Washington Navy Yard, Dr. HEMAN P. BARCOCK, U.S.N., to SALLIE H. daughter of COM. HARWOOD, U.S.N.

BRADFORD—GUNNELL.—On Wednesday, the 11th ult., by the Rev. Dr. Pinckney, Dr. FREDERICK G. H. BRADFORD, of Maine, and MAY, daughter of W. H. GUNNELL, Esq.

EVANS—RICHARDS.—On Tuesday, the 10th ult., by the Rev. John M. Richards, D.D., HORACE Y. EVANS, M.D., and ANNA L. youngest daughter of the late WILLIAM H. RICHARDS.

HOPPIN—CLARK.—In Dedham Mass. 12th ult., by Rev. S. B. Babcock COURTLAND HOPPIN, M.D., of Providence, and MARY FRANCES, daughter of JOSEPH W. CLARK, of Dedham.

DEATHS.

HASKELL.—At South Abington, November 10th, CHARLES HENRY HASKELL, M.D., aged 31 years.

THOMAS.—At South Bedding, Me., November 7th, THOMAS KEMBLE THOMAS, M.D., formerly of Roxbury, Ma.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 23d to the 30th day of November, 1863.

Deaths.—Men, 117; women, 181; boys, 139; girls, 111; total, 449. Adults, 248; children, 231; males, 287; females, 242; colored, 8. Infants under two years of age, 184. Children born of native parents, 22; foreign, 191.

Among the causes of death we notice:—Apoplexy, 11; infantile convulsions, 26; croup, 23; diphtheria, 29; scarlet fever, 22; typhus and typhoid fevers, 33; consumption, 75; small-pox, 6; measles, 6; dropsy of head, 4; infantile marasmus, 26; cholera morbus, 6; cholera infantum, 1; inflammation of brain, 6; of lungs, 48; bronchitis, 9; erysipelas, 3; diarrhoea and dysentery, 12. 262 deaths occurred from acute diseases, and 39 from violent causes. 293 were native, and 186 foreign; of whom 130 came from Ireland; 42 died in the City Charities; of whom 15 were in Bellevue Hospital, and 10 in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Nov.	1863.	SIX A.M.			TWO P.M.			TEN P.M.		
		Minim.	Temp.	Wind.	Temp.	Wind.	Temp.	Wind.	Temp.	Wind.
		°	°		°		°		°	
22d.		34	40	4	30.04	W.	48	7	30.13	S.W.
23d.		31	82	4	" 31	N.W.	46	6	30.40	S.W.
24th.		36	38	1	" 00	N.E.	41	1	29.91	N.E.
25th.		34	43	2	29.90	W.	45	5	30.01	W.
26th.		32	34	3	30.14	N.	40	7	30.21	W.
27th.		31	32	8	30.20	W.	40	6	30.20	S.W.
28th.		34	38	1	29.90	N.E.	41	1	29.94	N.E.

REMARKS.—22d and 23d, Clear. 24th, Fog and rain all day. 25th, 26th, and 27th, Clear. 28th, Fog and rain during the day, night cloudy. Rain for the week seventeen-twentieths of an inch.

SPECIAL NOTICES.

NEW YORK COUNTY MEDICAL SOCIETY.—A Meeting of the above Society will be held at the COLLEGE OF PHYSICIANS AND SURGEONS, corner of 23d Street and 4th Avenue, on Monday evening next, Dec. 7th, at 8 o'clock.

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